

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90021 041 ****61.25

DOCUMENT # N23096

1. Entity Name
CHURCH OF THE HOLY SPIRIT

Principal Place of Business Mailing Address
601 PHILIPPE PARKWAY **601 PHILIPPE PARKWAY**
SAFETY HARBOR FL 34695-3148 **SAFETY HARBOR FL 34695-3148**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2685231		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THOMPSON & FOOTE, P.A. 1130 CLEVELAND ST., STE. 270 CLEARWATER FL 34615				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
---------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME M DRIZD, DOUGLAS	<input type="checkbox"/> Delete	TITLE NAME C BONOAN, RAYNALD S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1887 CASTLE WOODS DRIVE		STREET ADDRESS 18612 Chemille Drive	
CITY-ST-ZIP CLEARWATER FL 33759-1800		CITY-ST-ZIP Lutz, FL 33549-3953	
TITLE NAME D LEHLBACH, BONNIE	<input type="checkbox"/> Delete	TITLE NAME M DRIZD, DOUGLAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 306 HAMILTON AVENUE		STREET ADDRESS 1887 Castle Woods Drive	
CITY-ST-ZIP SAFETY HARBOR FL 34695-3213		CITY-ST-ZIP Clearwater, FL 33759-1800	
TITLE NAME SD PERRY, STEPHANIE	<input type="checkbox"/> Delete	TITLE NAME D LEHLBACH, BONNIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS #B, 2889 E BANCROFT CIRCLE		STREET ADDRESS 306 Hamilton Avenue	
CITY-ST-ZIP PALM HARBOR FL 34683		CITY-ST-ZIP Safety Harbor, FL 34695-3213	
TITLE NAME TD KNAPIK, DONALD F	<input type="checkbox"/> Delete	TITLE NAME S/D PERRY, STEPHANIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3102 BISHOP DRIVE		STREET ADDRESS #B, 2889 E. Bancrodt Circle	
CITY-ST-ZIP SAFETY HARBOR FL 34695		CITY-ST-ZIP Palm Harbor, FL 34683	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME T KNAPIK, DONALD F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 2442 Anthony Avenue	
CITY-ST-ZIP		CITY-ST-ZIP Clearwater, FL 33759	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raynald S. Bonoan* **Raynald S. Bonoan** 2/19/02 (727) 725-4726

CR2E037 (9/01)